

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)		09/424519		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/	/					52				
3	/	/					53				
4	/	/					54				
5	/	/					55				
6	/	/					56				
7	/	/					57				
8	/	/					58				
9	/	/					59				
10	/	/					60				
11	/	/					61				
12	/	/					62				
13	/	/					63				
14	/	/					64				
15	/	/					65				
16	/	/					66				
17	/	/					67				
18	/	/					68				
19	/	/					69				
20	/	/					70				
21	/	/					71				
22	/	/					72				
23	/	/					73				
24	/	/					74				
25	/	/					75				
26	/	/					76				
27	/	/					77				
28							78				
29							79				
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35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	26						TOTAL DEP.				
TOTAL CLAIMS	27						TOTAL CLAIMS				